

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 20-JUN-2015		TIME 00:10:00		2. ADDRESS OF OCCURRENCE 7055 S MERRILL AVE CHICAGO, IL 60649			3. LOCATION CODE 303		4. BEAT/OCCUR 0331			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME BABICZ	7. FIRST NAME ANTHONY M		8. STAR NO 12652	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 510	13. WT 170		
	14. DATE OF APPT. 27-SEP-2004	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 4171C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME COCKERHAM		21. FIRST NAME ALFONTISH		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 510	27. WT 145		
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL			34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
36. CHARGES PLACED [REDACTED]						37. CB NO. 00000000		IR NO. [REDACTED]				
REASON FOR USE OF FORCE (Check all that apply)	38. D.N.A.		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT-DEADLY FORCE	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE									
39. D.N.A. <input type="checkbox"/> 40. ADDITIONAL INFORMATION POSITION: [REDACTED] STAR NO: [REDACTED] UNIT: [REDACTED]												
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR					
	45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 22		47. BARREL LENGTH 4.4		48. CALIBER/GAUGE 40 S&W					
	49. TASER DART ID NO. UFX684		50. WEAPON SERIAL No. (Include Letters) UFX684		51. CHICAGO GUN REG. NO. R031884S		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 5			
CASE INFO.	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. 1517100168			
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.			
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		71. RD. NO. HY308384		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		73. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.			
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
SIGNATURES	73. REPORTING MEMBER (Print Name) BABICZ, ANTHONY M		STAR/EMPLOYEE NO. 12652		SIGNATURE [REDACTED]							
	74. REVIEWING SUPERVISOR (Print Name) KINNANE, BRIAN J											
75. DATE REVIEWED 20-JUN-2015 05:35:37		TIME 20-JUN-2015 05:35:37										

LOG# 1075770
Attachment 8

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was in surgery at the time of this report and was not available to be interviewed.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. BABICZ, Anthony #12652 acted in compliance with Department policy. Ofc. BABICZ received information and description of a person with a gun at 7100 S. Merrill. He along with 2 other units headed to that location. BABICZ and his partner saw the individual fitting the description (KNA COCKERHAM, Alfontish IRN: 1542264) standing in a group with three other individuals and attempted to conduct a field interview. When COCKERHAM saw BABICZ he immediately fled E/B along 71st street with BABICZ in pursuit. COCKERHAM then observed another unit coming from the east prompting him to back track W/B on 71st to Merrill. At this time Ofc. BABICZ observed COCKERHAM to be holding a weapon. BABICZ ordered COCKERHAM to drop the weapon. The subject ran approximately 15 feet past BABICZ, turned and raised the weapon. Ofc. BABICZ, in fear for his life, fired his weapon striking Offender COCKERHAM, Alfontish multiple times.

Log# 1075770

U#: U15-008

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1075770 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

DATE COMPLETED TIME

20-JUN-2015 06:08:52

79. TOTAL TRR's THIS EVENT No.

1